

11 CIV. 7329

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKRECEIVED J.H.
SDNY PRO SE OFFICEMALIK Edwards pro se
00A6134 / #875-1002540

2011 OCT -5 PM 3:21

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

C.O. STEVENS, C.O. Romero
John Doe #1, Captin
Baird, John Doe #2
(All sued in Individual capacity) official
capacity)

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name MALIK EDWARDS
ID # 00A6134
Current Institution GREAT MEADOW CORRECTIONAL FACILITY
Address Box 51 Comstock N.Y. 12821-0051

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Correction Officer Romero Shield # _____ (NIC)
 Where Currently Employed Rikers Island Detention center
 Address _____

Defendant No. 2 Name Correction Officer Stevens Shield # _____ (NIC)
 Where Currently Employed Rikers Island Detention center
 Address _____

Defendant No. 3 Name Captain Baird Shield # _____
 Where Currently Employed Rikers Island Detention center (NIC)
 Address _____

Defendant No. 4 Name John Doe #1 Shield # _____
 Where Currently Employed Bellvue Hospital
 Address _____

Defendant No. 5 Name John Doe #2 Shield # _____
 Where Currently Employed Bellvue Hospital
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? Rikers Island Detention center (NIC) and Bellvue Hospital basement

B. Where in the institution did the events giving rise to your claim(s) occur? Rikers Dorm 4 isolation cell Bellvue basement

C. What date and approximate time did the events giving rise to your claim(s) occur? On December 15 / 16th 2010 between 12:00pm to 1:00pm

D. Facts: On 12-15-10 I attempted suicide due to staff

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

harassment which caused me to become depressed I was not taken to the hospital. Instead I was sent to a special housing unit and thrown on the floor. Once there Captain Bairdi came and began to laugh and ridicule me. When I started to comment back he came into my cell with two officers and attacked me causing my forehead to swell and bleed. I was sent to Elmhurst hospital and seen by MTHU due to Rikers telling medical I caused my own injuries once seen by MTHU they sent me to Bellvue while at bellvue I was seen by someone but I can't remember who because I was medicated. They told me I was going back to rikers I began to become afraid for my safety C.O. Romero and CO Stevens were my escorts I told C.O. Stevens of my fears he started cursing at me once we got in the elevator he ruffed me up and cursed at me and says that Capt Bairdi sent him once we got to the basement C.O. Stevens slapped me while C.O. Romero just watched I was chained so I tried to curl up to shield my face he pushed me to the floor and kicked me in the face he then started

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. One of my left fingers and knuckles were fractured I had a one inch gash to my leg and swollen forehead which a gash. I was given a half cast for my hand light treatment for my bruises and narcotic pain medications for pain and Back and neck problems

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

(24)

Continuation
of
Facts

punching and kicking me everywhere and stomping on my hand repeatedly. C.O. Romero just kept looking out at this time I was bleeding from a gash to my eye and forehead. An unknown Chinese officer then came in and saw what was happening he joined in kicking me and punching then an Hispanic unknown officer from Bellevue MHV wing came in he was shocked and started yelling what the Hell are you doing what are you doing C.O. Stevens said what does it look like I'm doing the Hispanic officer told him to stop but he kept kicking and punching the Hispanic officer came and pushed C.O. Stevens back and the Chinese officer telling them to cool out and to get me out of there C.O. Steven and the Hispanic & Chinese officer then lifted me off the floor from under the chairs banged my head into the gate carried me to the van and threw me in head first all while I was chained and shackled and in a wheel chair I was driven back to (MIL) Rikers back to (SHU) where I complained to the Nurse about my nose, eye and hand and signed an injury complaint I later found out my finger/knuckles were broken & my back and neck were injured

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

North infirmary Command Riker's
Island Detention center

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

Riker's Island Social Service office

1. Which claim(s) in this complaint did you grieve? all

2. What was the result, if any? I was told my issues were non reviewable

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. I wrote to the Inspector general and central office of Rikers I also spoke with I.G. and the grievance supervisor

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you

informed, when and how, and their response, if any: _____

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I want an injunction that Riker Island guards dis continue assaulting detainees and that all staff who are caught assaulting prisoners lose there job I'm also requesting monetary damages of \$1,000,000 dollars as my hand will never work the same and I'm still having extreme problems with my neck and back which causes me trouble in walking or lifting my legs punitive damages of \$200,000 and compensatory damages of \$500,000

VI. Previous lawsuits:

On
these
claims

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ___ No ☒

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ___ No
- ☒

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ☒ No ___

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff MALIK Edwards 00A6134Defendants Southport Medical / State of New York

2. Court (if federal court, name the district; if state court, name the county)
- Chemung and Western District of New York

3. Docket or Index number
- 10-CV-9534

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes
- ☒
- No ___

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) dismissed without prejudice due to non filing of prison certification form for poop person status

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 16 day of September, 2011.

Signature of Plaintiff

Inmate Number

Institution Address

M. W. 1. 2
00A6134
G.M.C.F.

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 16 day of September, 2011, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

M. W. 1. 2